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Comparing ImPACT to PCIT for Young Children with Autism Spectrum Disorder

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Overview

- What is ImPACT?
- How is it similar to PCIT?
- How is it different from PCIT?
- What can PCIT therapists learn from ImPACT?

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Some Background

- Kelly's intervention biases:
 - young children
 - evidence-based
 - parent coaching
- Beware Maslow's hammer ("If all you have is a hammer, everything looks like a nail.")
 - PCIT for children with autism spectrum disorders?
- Right intervention to the right family at the right time
 - balanced with the resources available

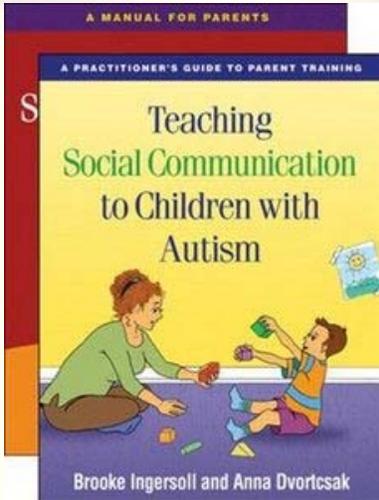
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What is ImPACT?

- ImPACT (Improving Parents as Communication Teachers)
 - Manualized EBP curriculum developed by Ingersoll & Dvortcsak (2010).
 - Focuses on teaching & coaching caregivers how to increase social communication skills of young children with autism (ASD).
 - Individual and group/individual formats, with daily practice between sessions.

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Project ImPACT research lab website:
psychology.msu.edu/AutismLab/projectimpact.html

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Guiding Principles of ImPACT

- Intervention is naturalistic
- Typical developmental sequences should be used to develop treatment goals
- Children learn social communication through affect-laden interactions with responsive caregivers
- Behavioral (applied behavioral analysis; ABA) techniques are useful when teaching skills

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Core Skills Targeted in ImPACT

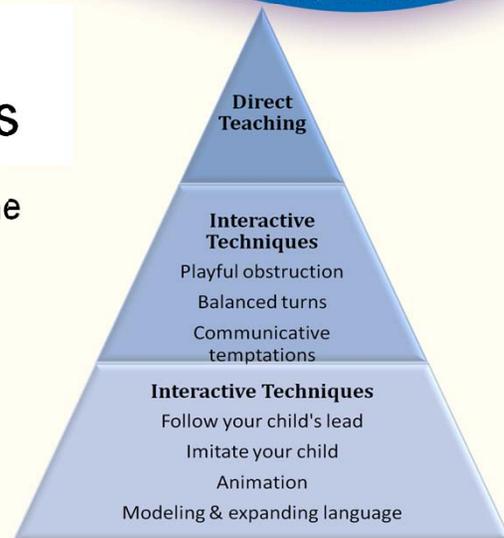
- Social engagement
- Language
- Social imitation
- Play



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ImPACT Techniques

- Setting Up Home for Success
- Interactive & Direct Techniques
- Putting it All Together



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How are ImPACT and PCIT similar?

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Similarities

- ImPACT's Interactive Techniques are much like CDI
 - Child chooses the activity & parent joins, ideally while sitting face to face
 - Avoid questions and commands
 - Imitate child (appropriate behavior & words)
 - Animation (~enjoyment)
 - Model Language (including describing the child's actions)
 - Expand Language (including through reflections)

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What's Missing?

- Labeled praises?
- Selective ignoring?
- Handling dangerous and destructive behavior?



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Major Differences

- PCIT model suggests PRIDE skills alone will facilitate increased social engagement
- ImPACT offers additional techniques to increase likelihood of engagement (when PRIDE-like skills are not enough)
 - Playful obstruction
 - Balanced turns
 - Communication temptations*

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Major Differences

- Direct techniques (latter phase of treatment) have different focus and different behavioral approach than PDI
 - New skill development rather than compliance training
 - Child initiates, parent prompts (least-to-most supportive), child performs target behavior, parent reinforces (rather PDI sequence)

Example of Direct Teaching Technique



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Similarities between Direct Teaching and PDI

- Encouraged to reinforce target behavior with labeled praise (in addition to access to item/activity)
- Receptive language skill prompts in ImPACT are typically the same as direct commands in PCIT
 - Rules for Effective Commands apply

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3 ImPACT Takeaways for PCIT Therapists

- 1) PRIDE skills work well, but alone they may not be enough to elicit optimal social engagement from a child with ASD.
 - Consider interspersing communication temptations!

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3 ImPACT Takeaways for PCIT Therapists

2) If you have social communication goals as secondary treatment goals, be very sensitive to the child's baseline skills.

- Consider writing intermediate goals and coaching parents on “one step up” from baseline.

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3 ImPACT Takeaways for PCIT Therapists

3) There are usually behavioral techniques more efficient than PDI for teaching a new skill, particularly if it is truly a skill deficit (rather than oppositional behavior).

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Parent Reflections

- [We] did ImPACT after PCIT. At the time of PCIT we still had a lot to learn about ASD. [My wife] felt PCIT was more helpful to her as a parent. During ImPACT she recognized a lot of the same struggles of other parents, but she felt there was “less new stuff” to take home. Perhaps timing is very important...the sooner parents start PCIT and ImPACT the better I would say. [My son] did not get his diagnosis of ASD until he turned 5.

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Parent Reflections

- PCIT would have been nearly as effective as it has been without [my son] going through Project ImPACT first. The training that [my husband] and I got with [interactive techniques] also made the transition to PCIT much easier, since we both already had some experience with those skills. The focus on child-led play combined with comments from me on his interests really strengthened the bond I have with him and created a good foundation for ways to identify and focus on behaviors we want to encourage. The attention I give him during CDI, especially the way I use language, makes it much easier to remain positive and less reactive when he has problems with self-control. Since we started PCIT, [my son's] self-control and general compliance with requests, both with his family and other adults, has improved tremendously. He acts less impulsively and seems to be able to focus on requests more easily, so that he carries through much more with fewer reminders to stay on task. He does try to push limits more than I noticed, at least, prior to PCIT. In general he seems more engaged. Project ImPACT seems to use similar techniques for a different purpose, to get the child more engaged and communicative more generally. I think that it did help [my son] use language and social communication more consciously, in that he began to do things like say hello and goodbye more frequently, as well as engage in more parallel play with peers. It's hard to say that these changes were due only to Project ImPACT, because at the same time we were going through it, [my son] was also receiving speech, occupational, and music therapy. But it was very helpful for us to be aware of techniques therapists use, particularly getting feedback on practicing them.

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